

ATTESTATION PAPER.

No. 328920

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Gamble*
- 1a. What are your Christian names?..... *Edmund*
- 1b. What is your present address?..... *Lemberg Sask*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lemberg Sask*
- 3. What is the name of your next-of kin?..... *John Bradley Gamble*
- 4. What is the address of your next-of-kin?..... *Lemberg Sask*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *15th May 1895*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?..... *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Edmund Gamble, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *March 28* 1916. *Edmund Gamble* (Signature of Recruit)
J. Skellern (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edmund Gamble*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *March 29* 1916. *Edmund Gamble* (Signature of Recruit)
J. Skellern (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Regina*, this *29th* day of *March*, 1916.

[Signature] (Signature of Justice)

Description of Gamble Edmund on Enlistment.

Apparent Age 21 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 8 ins.

Complexion Dark
 Eyes light Brown
 Hair Dark Brown

Religious denominations.
 Church of England
 Presbyterian
 Methodist yes
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date March 28th 1916

Place Regina Sask

G. B. Allport
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edmund Gamble having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

G. C. Walker (Signature of Officer)
 Capt.
 C.O. 80th Overseas Battery C.I.A.

Date March 29th 1916

C.E.F.

GAMBLE EDMUND

328920

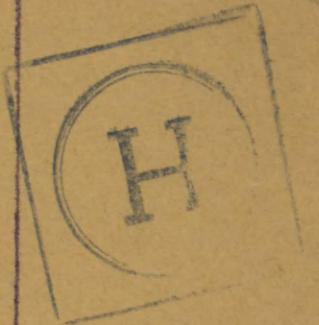
60 BTY

02905

DEMOB.

Deceased 24.7.61

PUBLIC ARCHIVES
RECORDS CENTRE



405-320



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 60th O/S Battery, C.F.A.
15th O/S Brigade C. F. A.

(2) Regimental Number..... 328920

(3) Full Name of Soldier..... Gamble, Edmund

(4) Place of Birth..... Lemberg, Sask., Canada.

(5) Are you married, or not?..... No

(6) If married, state,
 (a) Full name of your wife..... nil

(b) Present Postal Address..... nil

(7) Are you a widower?..... no

(8) Have you any children?..... no
 If so, give number of boys and girls..... nil
 Also their names and ages..... nil

(9) Is your Father alive? **Yes**

If so, state name and address **John Bradley Gamble**

(10) Is your Mother alive? **Yes** **Lemberg, Sask., Can.**

If so, state name and address **Sarah Gamble**

Lemberg, Sask., Can.

(11) If your Mother is a widow **No**

Are you her sole support, or not? **no**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

nil

(15) Are you insured? **no**

If so, in what Company? **nil**

Have you made arrangements for payment of your Insurance premium? **nil**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date **July 14th 1916.**

[Signature]
Officer Commanding.
Capt.
O.C. 60th Overseas Battery C.F.A.

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT 328920 - GAMBLE, Edmund File No.

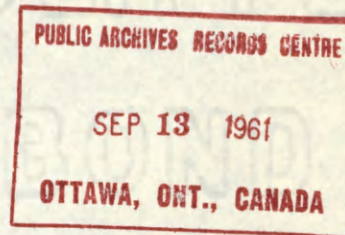
(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

CEF

Departmental Secretary.

- (1) Service number 328920
- (2) Surname GAMBLE
- (3) Christian names Edmund
- (4) Date of Birth 1 May 1895
- (5) Religion Methodist
- (6) Unit of enlistment C.F.A.
- (6a) Highest corresp. rank Am.
- (7) Units overseas C.F.A.
- (7a) Highest corresp. ranks Am.
- (8) Rank on day of discharge Am.
- (8a) Corresp. unit
- (9) Military honours Nil



(2)

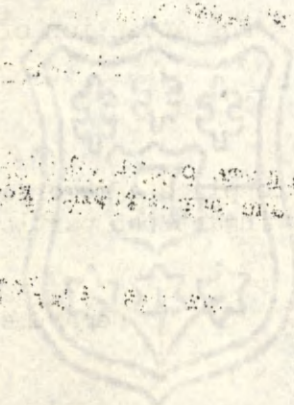
Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date

for Supervisor, War Service Records.

Faint text line, possibly a title or subtitle, located below the header.



FARMERS' UNION OF CANADA

MINERS' BOND

- PAC CONTENT - CANADA

Faint text on the right side of the page, possibly a list or a set of instructions.

- (1) ...
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Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20.6.18	55 Genl.	G.S.W. Back	Trans	7 Con. Depot	20.6.18 W. 3034 F 8062
20.6.18	7 Con. Depot	" "	Adm	"	20.6.18 " F 8465
22.7.18	"	" "	Remains	"	22.7.18 Letter C. 4227. File KT. 17-26
29.7.18	E.G. B.D.	Class A.	Adm	E.G. B.D.	28.7.18 Nom. R. 11. R 5R. 1081.
26.7.18	7 Con. Depot	G.S.W. Back	Trans	5 Rest Camp	26.7.18 W. 3034 G 5393
5.8.18	E.G. B.D.	Left for CCRC.	Field	Field	5.8.18 Nom Roll R. 11 1336 D-
5.8.18	CCRC	Arrived	CCRC	CCRC	5.8.18 " 1215 A.
16.8.18	14 Bde CFA	Rejoined Unit	Field	Field	11.8.18 B 213
3.9.18	CCRC	Returned to 5 [#] CDA Reinf Depot	"	"	3.9.18 Letter 3846. KT. 18/17160.
27.9.18	"	Left for 14 Bde CFA	"	"	27.9.18 N.R. 280 (17382). Contingent A 830/26.9.18.
4.10.18	14 Bde CFA	Rejoined Unit	"	"	29.9.18 B 213
11.10.18	"	14 Days leave	"	"	10.10.18 B 213. Pt II 87 d/11.10.18
1.11.18	"	Leave extended from 24.10.18 to (Influenza)	"	"	28.10.18 O i/c Rec. Nom Roll #96 d/25.10.18 Part II 92 d/1.11.18
18.11.18	"	Adm. to Hosp. whilst on leave to Eng 7 to S.O.S. & posted to G.A. R.D.	Witley	Witley	28.10.18 O i/c Rec. RL2-46-303 file KT. 17/2384. Part II 100 d/18.11.18.
15.11.18	C.A.R.F.	TOS. from 14 [#] Bde CFA	Witley	Witley	28.10.18 Pt II - 319. coll.
17.12.18	do	SOS to Camp Bde	Bordon	Bordon	10.12.18 Pt 2 AD. 351
21.12.18	Complete	J.O.S. from C.A.R.F.	do	do	10.12.18 Pt 2 AD. 351 for Lt. Col. G. H. O. 3rd Echelon. B.E.F.

Ca Hewett
 for Lt.-Col., A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

Lt. Col. G. H. O.
 FOR LT. COL. G. H. O. RECORDS, C. O. M. F.

17-12-18 do SOS to Camp Bde Bordon 10.12.18 Pt 2 AD. 351
 21-12-18 Complete J.O.S. from C.A.R.F. do 10.12.18 Pt 2 AD. 351
 for Lt. Col. G. H. O. 3rd Echelon, B. E. F.

3.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 60th Battery 15th Div.

Regimental No. 328950 Rank plc Name Gamble E
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>3.2.19</u>	<u>D.D.O. Part II</u> <u>34.213</u>	<u>.O.S. No. 12 DISTRICT DEPOT</u> <u>From <u>Leaving post</u></u>	<u>REGINA</u>	<u>18-1-19</u>	<u>Capt.</u> <u>G.C. Casualty Company, No. 12 District Depot</u>
<u>14.2.19</u>	<u>Com Coy</u>	<u>Discharged on De-</u> <u>mobilization</u>	<u>Regina</u>	<u>15.2.19</u>	<u>Capt.</u> <u>G.C. Casualty Company, No. 12 District Depot</u> <u>DDO 45-290</u> <u>Deut. & Asst.</u> <u>No. 12 District Depot</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank * [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of
(18) Demobilizer (f)	(Date)	Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemg-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W.1885-PP 1150 IM 5/18 G. W. P. Co. (3490)

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Gnr Name Edmund Surname Gamble
 Unit or Corps 60th Bty (If a soldier) Regtl. No. 228920
 Born at Tembury Sack on, date 1st May 1896
 Signature (for identification) E. Gamble

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 160 lbs. no
 Height 5 ft. 7 ins.

2. NUTRITION AND DIATHESIS?

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

Normal

4. RESPIRATORY SYSTEM.

normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? 1026

Reaction? alk

Albumen? no

Sugar? no

9. SKIN, MIDDLE EAR, EYE
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Sharp pain Scar back
no disability

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Winnel Park Signed W. Todd Carr M.O.
 Date 13-1-19 Signed Shotton Capt M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Examination upon leaving the Service
of the Department for general service or a Soldier fit for duty

For the
1st of
1896

1896
1st

1896
1st

1659

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 328920 Rank Imr Surname Gamble
(Given name in full)

Unit or Corps 1200 Lt. Co 2d Bn Birthplace Edmond
Lumburg, La.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 153 lbs. Height 3 ft. 7 in. Colour of Eyes Grey

Nutrition Normal

Pulse 78

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. normal

Left normal

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Round scar on back of left wrist.
G.S.W. back left, no disability.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Regina, Sasko*.....(Canada)

Date *Feb 12 1919*..... Signed *John J. Whyte, Capt.*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *E. Gamble*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 328920 (Rank) Gunner

Name (in full) Edmund Gamble enlisted in

the 60th Battery, C.F.A.

CANADIAN EXPEDITIONARY FORCE at Regina on the 29th

day of March 1916.

HE served in France Fourteen (14) months with the 14th Bde, C.F.A.

and is now discharged from the service by reason of XXXXXXXXX On Demobilization

Entitled to wear One (1) Gold Casualty Stripe: 9-6-18, and Three (3) Blue Service Chevrons.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 24 years Marks or Scars

Height 5 feet 7 inches G.S.W. Back

Complexion Dark

Eyes Light Brown

Hair Dark Brown

E. Gamble
Signature of Soldier

H. J. St. Onge
Issuing Officer

Rank

Capt Lt-Col.

Rank

C.O.C. #12 District Depot.

Appointment

Date of Discharge 15-2-19

Signed at Regina this 15th day of February 1919

in Military District No. 12

File Reference No. 165-G-12 D.D.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Discharge Section
FEB 15 1919
NO. 12 DISTRICT DEPOT

On demobilization the particulars called for on the back of this certificate will not be completed.

J.P. Rank *D/W* Name *GAMBLE, Edmund* ✓ Reg'l No. *328920.* ✓
 Unit *60th Bty. 15th Bgde. C.M.* } If in perm. Corps, }
 What Unit? } Married or Single *Single.* ✓
 Place and Date of Enlistment *Regina. 28th Mar. 1916.* ✓ Place of Birth *Lemberg.* ✓
 Name and Address, Next-of-Kin *John Bradley Gamble.* ✓ *Sask.* ✓

Lemberg. Sask. ✓ Relationship *Father.* ✓

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

8762
 File
 Cate

Discharge, Date and Place Reason Character

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>ARRIVED IN ENGLAND S S CAMERONIA</i>				<i>22-9-16</i>	
<i>6-12-16</i>	<i>15th Bde. C.F.A.</i>	<i>Admitted to Hospital</i>	<i>Bromelott</i>	<i>5-12-16</i>	<i>(INFLUENZA) P.H.D.O. #159. S.B.L.#13.</i>
<i>8-1-17</i>	<i>15th Bde. C.F.A.</i>	<i>Discharged from Hospital</i>	"	<i>6-1-17</i>	<i>P.H.D.O. #8. S.B.L.#26.</i>
<i>Now New</i>		<i>14th. Bde, Witley</i>	<i>22-I 17, Auth. 4th CDA</i>	<i>90 I 61 24 I I7</i>	
<i>20-8-17</i>	"	<i>Proceeded O/Seers</i>	<i>Witley</i>	<i>21-8-17</i>	<i>P.H.D. 232</i>
<i>12-10-17</i>	<i>15th Bde</i>	<i>Wounded</i>	"	<i>20-6-18</i>	<i>P.H.D. C.F.A. 277 P.S.W. Back</i>
<i>20.6.18</i>	<i>15th Bde</i>	<i>Wounded</i>	"	<i>20-6-18</i>	<i>P.H.D. C.F.A. 277 P.S.W. Back</i>
<i>18.11.18</i>	"	<i>S.O.S.L. C.A.P. D on adm to</i>	"	<i>28-10-18</i>	<i>P.H.D. 100. C.A.R.D. 319/15/18</i>
<i>17.12.18</i>	<i>band</i>	<i>S.O.S to Comp. Bde.</i>	<i>Borden</i>	<i>10-12-18</i>	<i>- 35th CBCKA P.H.D. 213</i>
<i>10-1-19</i>	<i>C. Bde C.F.A.</i>	<i>shown of c. to Seg. Camp of Hygl.</i>	"	<i>10-1-19</i>	<i>P.H.D. 100 + M.D. #12. P.H.D. 13. D 18-19</i>

CHECKED
 1918

328920

Gamble E

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
29-1-19	Comp Ed & Co. ga.	Leases of c. to Reg. Camp of hyl & is S.C. on Trans to C.E.F. in Canada	Gen. Gordon	18-1-19	m.D.#12. Pt II No. 15-D 18-1-19. Pt II No. 29. P.

1-9-16

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

John B. Gamble
Lemberg
Sask

\$15-00

SEP 1-1916

Gamble, Ed
328920
Dr
60" Battery, 15" Bgd

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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M

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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

John B Gamble

PAYMENTS.

Name of Soldier

Gamble Ed

L. L. Job 4503 - Req. 8382.

328920

D Co Battery

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>13-00</i>
				SEP 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		X 20255	15	
Oct.		H 20922	15	
Nov.		P 26685	15	
Dec.		I 32574	15	
Jan.	1917	H 37364	15	
Feb.		H 433 11	15	15-R-
March		J 44398	15	15-ch
April		B 1958	15	15 6
May		E 7843	15	
June		G 14972	15	15. 8
July		I 21730	15	c
Aug.		F 32634	15	6
Sept.		P 35362	15	03
Oct.		E 41812	15	
Nov.		G 44310	15	
Dec.		M 58574	15	
Jan.	1918			<i>24000</i>
Feb.				
March				
April				
May				
June				
July				

bu

mc

ONE

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

No. 328920

RANK *Pte.*NAME *Gamble, Edmund,*

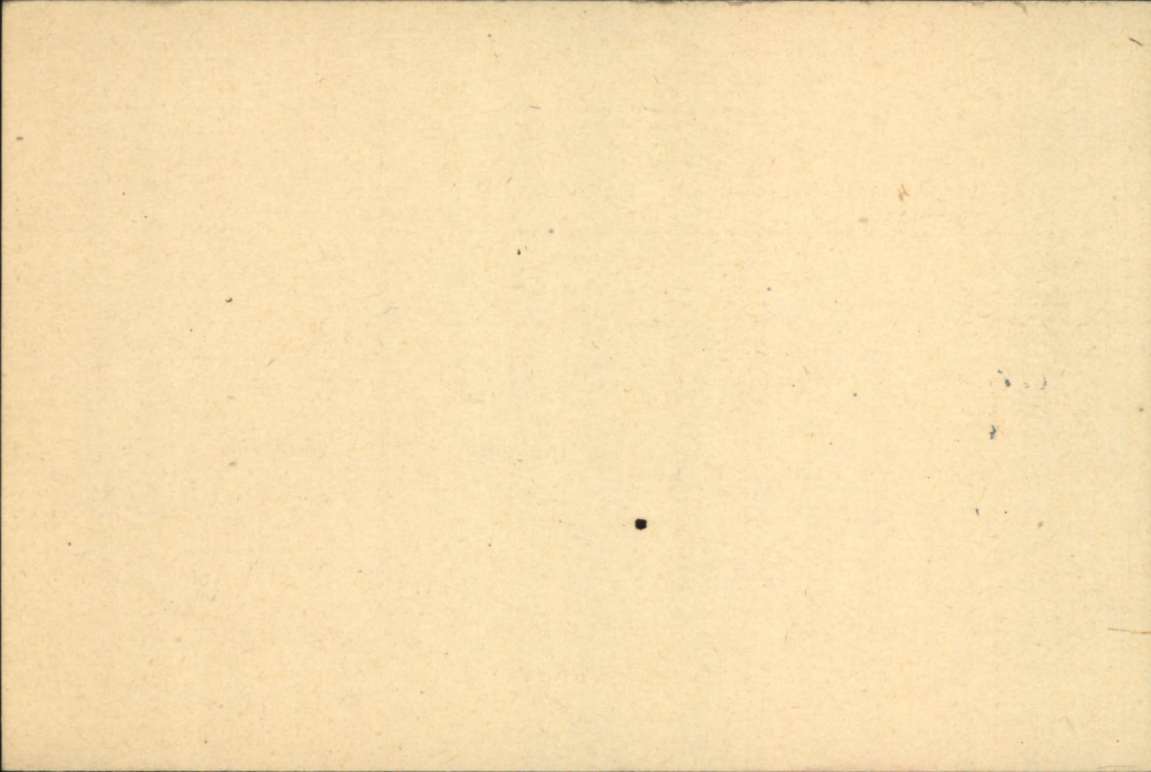
T. O. S. 29-3-16

UNIT

*60th S. Battery. C.F.A. (15th Bde.)**D.O. 12 of 29-3-16*

M. D. 10-3

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 29</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>Capt.</i>		<i>✓</i>		
<i>Major.</i>		<i>✓</i>		
<i>Major.</i>		<i>✓</i>		
<i>Major.</i>		<i>✓</i>		
<i>Chap.</i>		<i>✓</i>		
<i>Serjt.</i>		<i>✓</i>		



✓
SURNAME.

Gamble.

12

CARD NO.

CHRISTIAN NAMES

Edmund.

S.O.S. 15-2-19

D.O. 45 FOLL. 14-2-19

demol. 1288

REGL. No. 328920.

RANK

Lt. Col.

UNIT 60th Bty. (15th Bde.)

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gamble, John. Bradley.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Lemberg. Sask.

COUNTRY OF BIRTH

Canada. Lemberg. Sask.

DATE

May 1st. 1895.

PLACE OF ATTESTATION

Regina. Sask.

DATE

Mar 29th 1916

P/e. 25-1-19 ²⁵⁸ 166. Gnr.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Yes
Methodist.

DESCRIPTION.

APPARENT AGE

21.

YEARS

-

MONTHS

HEIGHT

5.

FEET

7.

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Dark.

EYES

St. Brown.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Regina, Sask.

DATE

Mar 28th. 1916.

Present Address. Lemberg, Sask.

Sub *How*
Number 328920 Rank Gur. *B*

Surname GAMBLE

Christian Name Edmund

Units C.7.A. Theatre of War France *V*

Date of Service 21-8-17

Remarks

Latest Address Lemberg P.O.
Sack,

Roll No. *B. Page 15592*

DESP JUL 31 1922

REGN. NO. GA 29781.

REGT'L NO 328920-

H. Q. FILE NO. 649-

NAME Gamble E. Edmund

RANK AND CORPS Dr. (15th Bde) - ^{now} 14th Bde G.F.C. No. from 60th Bty

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
N of H 4 ³ 2308	19-6-18	^{Gamble} John Bradley (father) Lemberg Sask Adm 55 Gen H Boulogne June 11 th 1918
H.L. 271	18-6-18	G SW back ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
13.	Can. Mil. Bramshott.	7-12-16	h. y. D.
26.	Disch.	6-1-17	Influenza
A 277 ³	# 7 Conv. Dep Boulogne	20-6-18	G. S. W. Dak
A 308	Disch	26-7-18	" adms whilst on leave
A 390	Permondsey Mil Ladywell	28-10-18	from France 7-18
B 415	16 Paw Lee Arpington	30-11-18	Influenza
B 423	Disch	10-12-18	;

Edmund

Name **GAMBLE**Rank **Priv**Reg. No **328920**Unit **14th Bde 6.401.**

Next of Kin

Carroll

Date	Movement	Place	Casualty	List No.	Notified N/K.O.	W.O. List
1918						
17 6	55 Gen Mpl	Boulogne	GSW Back	227	8308	1956
20 6	7 Gen Dep	Boulogne	do	227	8308	2140-6
26 7	Disch		do	111	A308	2571/10
28 10	Bermendsey Mt	Y.D.O.		B 390		194
	On leave for France					
	Diag new Ref as	Influenza		B 391		192
20 10	10 Coy	Springlin	do	B 415		2289
10 11	unchanged		do	425		3931

*Name.....GAMBLE, Edmund..... Rank Gnr..... Regtl. No. 328 920

Original unit 60th Bty. Present unit C.F.A. M. or S. Age..... Religion..... Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival.....Quebec, Aquitania, 25-1-19.....

Next of kin.....

Address on leave.....Lemberg, Sask.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....Regina, 29-3-16.....

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
18-1-19.	T.O.S. ad posted to Cas. Coy. from 31-1-19. Granted leave from 31-1-19 to 13-2-19. Entitled to wear 3 blue chevrons.	34/212. 34/212.

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

14-2-19. Posted from Cas. Coy. to Dish. Section.

45-292

15-2-19. Disch. from H.M.S. *Demobilization*

45-290

Surname

Christian Name or Names

Reg. No.

Gamble

E.

328920

Rank

Unit

Co.

Troop

Batty

ptc hlv

15th C.F.A. 14 B.

Hospital

Date of Admission

Bramshott Mil

7-12-16

Transferred 55. G. Boulogne.

Hosp. 11. 6. 18.

7 bono Dep Boulogne

Hosp. 20. 6. 18

Bermondsey Mil. Ladywell Rd.

Hosp. 28. 10. 18

16. C. G. H. Arpington

Hosp. 30. 11. 18

Diagnosis

Influenza

(1) Later Diagnosis (if changed)

(2)

G. S. W. Back Rm.

(3)

44 W. G.

Additional Diagnosis: if more than one state present

Influenza Rm.

DISPOSITION

Date

Dis 6-1-17

Dis. 26.7.18

C.L. 14-12-16 13

REMARKS

Dis. 10-1-17 24

Dis. 10-12-18

18. 6. 18 A 271 (3)

25. 6. 18 A 277-111

1. 8. 18 A 308-4

4. 11. 18 B 390. Ad whilst on leave from France

5. 11. 18 B 391. 3. Note. Diag. as B 390. changed

3. 12. 18 B 415. 2. to Influenza.

12. 12. 18 B 428. ?

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.C. London

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

ASSIGNED PAY **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**
EFFECTIVE DATE: *1.9.16* EFFECTIVE DATE: *1.2.19*
AMOUNT: *15⁰⁰* AMOUNT: *15⁰⁰*

NAME: *GAMBLE, Edmund*
NUMBER: *328920*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr B. Gamble, Father, Lemberg, Sask, Can

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt Lt</i>

UNIT AND TRANSFERS
ORIGINAL UNIT: *15 Bde 6 & A.*
DATE ACCOUNT FIRST OPENED: *1.9.16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'0	UNIT TRANSFERRED TO
	<i>22.1.17</i>		<i>14 Bde 6 & A.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/1/19</i>	<i>514</i>	<i>CRA</i>	<i>68.13</i>				

Pt 68 issued 20/2/19 Cr 9.73

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>.10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 3/1/19. Bordon MR 1571. Dr Bal. \$12.10*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 13	Bal Forw.								<i>94.51</i>		
Apr	G.P.	<i>33</i>		<i>e a P</i>				<i>15</i>			
				<i>AR 9 7.4.18 14 Bde</i>	<i>4.46</i>						
				<i>" 100 22.4.18 "</i>	<i>3.57</i>				<i>107.48</i>		
		<i>33</i>			<i>8.03</i>			<i>15</i>			
May	G.P.	<i>3410</i>		<i>e a P</i>				<i>15</i>			
				<i>AR 175 6.5.18 "</i>	<i>4.46</i>						
				<i>" 253 15.5.18 "</i>	<i>3.57</i>				<i>118.55</i>		
		<i>3410</i>			<i>8.03</i>			<i>15</i>			
June	G.P.	<i>33</i>		<i>e a P</i>				<i>15</i>	<i>136.55</i>		
				<i>AR 351 6.6.18 "</i>	<i>4.46</i>						
				<i>" 3944 30.6.18 C.D. Boulogne</i>	<i>2.68</i>				<i>129.41</i>		
		<i>33</i>			<i>7.14</i>			<i>15</i>			
July	G.P.	<i>3410</i>		<i>e a P</i>				<i>15</i>	<i>148.51</i>		
				<i>AR 4858 15.7.18 C.D. Boulogne</i>	<i>2.68</i>						
				<i>" 4413 1.7.18 "</i>	<i>2.68</i>						
				<i>" 5391 26.7.18 "</i>	<i>2.68</i>						
				<i>" 6931 31.7.18 Etaples</i>	<i>5.35</i>				<i>135.12</i>		
		<i>3410</i>			<i>13.39</i>			<i>15</i>			
Aug	G.P.	<i>3410</i>		<i>e a P</i>				<i>15</i>	<i>154.22</i>		
				<i>AR 8077 18/8/18 error Jan. C.</i>	<i>4.14</i>						
				<i>" 511 9/8/18 CCH details</i>	<i>3.57</i>						
				<i>" 767 20/8/18 IHC & A</i>	<i>3.57</i>				<i>144.08</i>		
		<i>3410</i>			<i>7.14</i>			<i>15</i>			
Sept	"	<i>33</i>		<i>e a P</i>				<i>15</i>	<i>165.08</i>		
				<i>AR 876 10/9/18 "</i>	<i>3.57</i>						
				<i>AR 855 20/9/18 5 Bde</i>	<i>3.57</i>				<i>154.94</i>		
		<i>33</i>			<i>7.14</i>			<i>15</i>			

CANADIAN ASSIGNED PAY AUDITED
To 3/1/19
J. Johnson
UNIT CLERK
DATE *28/5/19*

NUMBER 328920.

RANK

Sgt

NAME

GAMBLE. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1 Oct.	1918. Bal fwd								157.94		
	G Pay	34.10		A Pay				15.	177.04		
				1399 1463A 8-10-18	97.33						
				980 15/10 1463A	9.33				70.38		
		34.10			106.66			15.			
Nov	G Pay	33.						15.	88.38		
Dec	G Pay	34.10						15.	107.48		
	83. 13-23 12/18. 84-10 12/18. 80. 25. 17 12/18. 80	7.00		69374. 25/11 Bermondsey	9.73				114.78		
				HR 58223. 5/12	9.73						
				8761. 4/12 1663A	9.73						
				80642 10/12 Ldn	54.33						
				9092. 10/12. 1663A	24.33				36.93		
Jan	G Pay	34.10						15.	56.03		
		108.50			77.83			45.			
	3139. 64-16. 55588. 7/4/18 rep'd Lavelle.	9.73	9.73	1415 24/12 1463A	19.47						
				2514. 13/1 CRA	68.13						
					68.13				2.37		

L.S. to Bay Bank 10/12/18.

Dr 12-10

L.S. to Canada 10/1/19 L.S. 7. CRA

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Lemberg, Sask. Canada*
 NAME AND ADDRESS OF NEXT OF KIN *Jno. Bradley Gamble*
Lemberg, Sask. Canada
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *328920* RANK *Pte.* NAME *Gamble, Edmund*
 IF IN PERM. CORPS | UNIT *15th Bde. C.F.A.* TRANSFERRED TO *14th Bde. C.F.A.* DATE *22-1-17* AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Regina, Sask.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *March 29, 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Sept 1st 1916*
 PAYABLE TO *Jno. Bradley Gamble, Lemberg, Sask. Canada* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE												
1916																																			
Sept 30	100	30		30	10	3							10	10																					
Oct. 31		31		31		3 10								33		11	29 16																		
Nov. 30		30		30		3								34 10		44	17	82	21																
Dec. 31		31		31		3 10								33		113	16	153	30																
1917 Jan 21		21		21		2 10								34 10		23	10	225	16																
" 10		10		10		1								23 10		11																			
Feb. 28	1 ⁰⁰	20 80		20		80								23 10		20	80	257	5/2																
Mar 31		34 10												34 10		34	10																		
Apr. 30		33												33																					
May 31		34 10												34 10		85	23/4																		
June 20		33												33		139	14/10																		
July 31		34 10												34 10		177	28/10																		
		367 10												10		374	10																		

Bal from Canadian Pay List
 m#C 512



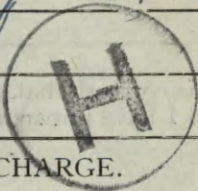
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1873/29

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	328920
Rank	Gunner.
Surname	Gamble
Christian name	Edmund
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	60 th Battery C.F.A.
Date of discharge	15.2.19
Place of discharge	Requias



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....24.....years.....months.	
Height.....5.....feet.....7.....inches.	
Complexion.....dark	G.S.W
Eyes.....Brown	
Hair.....Brown	Back
Trade.....Gunner	
Intended place of residence.....Leipzig	
(To be given as fully as practicable.).....Sask	

2. The above-named man is discharged in consequence of

Demobilization
Authority for discharge.....D.D.O. 41-290

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Released 24.7.41

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Handwritten initials and numbers: 'S', 'ML', '512-52', '6-47'.

Handwritten numbers: '6/13', '14/3/41'.

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) *Regina E. Gamble*..... (Signature of Soldier.)

(Date) *15.2.19 J.R. Lullen*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Regina*.....

(Signature) *L. J. Crisp*.....

(Date) *15.2.19*.....

Officer Commanding

No. 12 District Dp 6

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

I hereby certify that there are
no reservations.

E. Gamble

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Surname Gamble Christian Name Edmund

Examined { on 28 day of March 1916
at Regina, Sask.

Approved by [Signature]

Birthplace { City or Town Lemberg
County Sask. Canada

Rank [Signature] M.O.

Apparent age 21 yrs.
Trade or occupation Farmer

Date. Fit or Unfit. EXAMINED FOR RE-ENGAGEMENT.

Height 5 Feet 7 Inches.
Weight 155 Lbs.

5 - NOV 1918

Chest measurement { Minimum 35 inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left One
Number one 32892

Date. Result. VACCINATIONS.

When Vaccinated last 1906

16.8.16 [Signature] M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection None

4/7/16 [Signature] M.O.
17/7/16 [Signature] M.O.
25/7/16 [Signature] M.O.
30/7/16 [Signature] M.O.

Enlisted on 29 day of March 1916 at Regina, Sask

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>60th Battery</u>	<u>328920</u>	<u>good</u>	<u>March 29/16</u>
Transferred to	<u>14th Brigade C.F.A.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Regina Sask</u>	<u>Feb. 13/19</u>	<u>Dischg 129</u>	<u>"A" John Whyte</u>

CANADIAN

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname
 Gamble
 Christian Name
 Edmund
 Braunschott

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Braunschott		6	12	16	6	1	17	Influenza	32	Followed exposure while on duty - non-complicated attack - good recovery Discharged to his lines	J. Stannell Capt-
BERMONDSEY MILITARY HOSPITAL, LADYWELL, S. A.		28	10	18	29	11	18	Influenza	32	Respiratory system normal next day - convalescing - transferred to Amington.	A. Wilson Capt.
Orington Military Hosp.		29	11	18	10	12	18	Influenza	11	Admitted convalescing from Influenza: Lungs have been clear: no temp. Heart normal: Transferred to Amington.	E. P. Coulson Capt.

Duplicate Medical History Sheet posted to here. 75

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2604	328920	Dr.	Lamble	E
Year	Unit.		Age.	Service.
1916	C. I. A.		21	9/12
Station and Date.	Disease <u>Influenza</u>			
Braunschott mil. Hosp Dec. 6/16	Born in Saskatchewan - Had all diseases of childhood, was always pretty well never had rheumatism or tonsillitis, V.D. neg. Has had indigestion off & on for years but medicine "fixed him up".			
	Was "fit" when he enlisted on Mar 27/16 arrived in England Sept 22/16 and was feeling "fit" then. Was feeling "fit" until four days ago.			
	Family History - Good -			
	<u>Onset of present attack.</u> - Was on guard 3 nights ago and after began to feel "chilly" and afterwards "feverish", was sent to a S.D.H and afterwards to this hospital			
	<u>Present Condition:</u> On admission Temp 104° P 108 + R 24 Tongue coated; throat congested - no membrane - Chest - ^{inspection} well nourished man. Expansion equal & good - no external abnormality			
	<u>Palpation</u> - no abnormality noted			
	<u>Auscultation</u> - no abnormality noted			
	<u>Percussion</u> - normal percussion note - both sides - over whole chest			
	Heart - normal;			
Dec 6	Temp up to 103° this evening P. 88 R. 22 Chest			
	Normal			
Dec 7	Temp 100° this pm. P. 84 R. 20 - feeling better			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Dec 9 Temp normal - Pulse very slow
- 52, 54, 48

Dec 10 Pulse still slow - 44 This A.M. Temp
normal, R. 18 - Mist Digitalis
advised every 4 hours.

Dec. 14 Patient is able to be up and
is feeling much better

Dec 17 Temp. still normal - Patient on ordinary
diet -

Dec 18 Patient ~~has~~ coughs a good deal -
otherwise doing well.

Dec. 24 Patient ~~has~~ is not feeling as well;
says he doesn't sleep well or eat well.

Dec 30 Feeling much better,

Jan. 5 Very much better

J. D. Daniel Capt

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

GAMBLE, E

REGIMENT

60 BATT

RANK

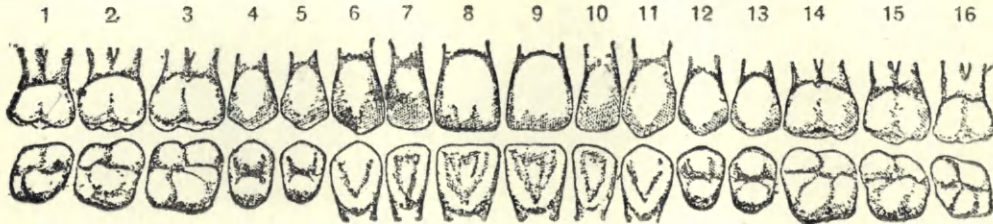
SNR

No.

328940

Date of Examination in England

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Part

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

No.

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

H. G. Goodland
Comm

UNITED STATES ARMY
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

Serial Number

Name of Soldier

Rank

Date of Issue

[Faint, illegible text, likely bleed-through from the reverse side of the document]

1. Purpose

2. Instructions

3. Remarks

4. Signature

(a) Full Name

(b) Part Name

(c) Full Name

(d) Part Name

(e) Full Name

(f) Part Name

(g) Full Name

(h) Part Name

[Handwritten signature and notes in the bottom left corner]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 378970 Rank Sear Name Gamble E
 Corps 12 DISTRICT DEPT who was* DISCHARGED.
 On FEB 15 1919 191... to... 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 191...
 to FEB 15 1919 191..., the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month <u>hpb</u>		<u>41.97</u>	Balance Cr. from prev. month		
Advances by Cheques } No.			Reg'tl. Pay <u>15</u> days at \$ <u>1</u> c.	<u>15</u>	
Assigned Pay and Sep'n All'ce No.			Field Allow. <u>15</u> days at \$ <u>10</u> c.	<u>150</u>	
Other charges <u>kindergarten</u>		<u>21</u>	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>718/89</u>		<u>60.52</u>	Other Allowances* <u>Cloth. Allow.</u>	<u>38</u>	
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Salts</u>	<u>11.20</u>	
Total		<u>132.70</u>	Bal. Dr. (to be deducted by new unit)	<u>2/0 =</u>	
			Total	<u>132</u>	<u>70</u>

*Give particulars. No as will be paid

A monthly stoppage of \$ 15.00 (†) has been chgd (‡) been paid on account of Assigned Pay for the month of January 1919 and Sep'n All'ce. for month of January 191... (to) Assignee John B Gamble Lemberg Sask
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge On Demob authority Do H5
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date FEB 15 1919
 Place REGINA, SASK. Jane Mitchell Capt. Paymaster, No. 12 District De Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks. With Articles 127 and 141 Financial Instructions 1918 C.F. 1914.

Regimental No. _____ Name _____

Grade _____

Effective Date of Transfer or Discharge _____

The following is a statement of the amount of the above named from _____

to _____ the last date of transfer or discharge.

	CP	
Balance of previous month		
Final Pay		
Field Allowance		
Separation Allowance (Monthly)		
Other Allowances		
Other Credits		
Less: (to be debited by new unit)		
Total		

A monthly statement of the above named from _____

for the month of _____

and from _____ for the month of _____

(1) Insert amount to be received whether it has been paid or not.

(2) Insert date if amount has not been paid for period of account.

On Transfer of an Officer

_____ has been sent by _____ to _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2478568 Year 1918.	328920	G. M.	Gamble	E.
		Unit.	Age.	Service.
		14 th Bdl. C. F. A.	22.	26/12.
		Urine. Sp. 1020. Reac. acid. Dep. nil		
Station and Date.	Disease			
Bernonadul. Military Hospital.	Influenza			
	On sick a week ago last Friday			
	— Sad here			
	Reported sick on leave —			
28. 10. 18.	Temp under 100° —			
	On admission P. 40.			
29. 10. 18.	P. L. T. clearing — temp 96° — all aches pains gone — cough — sputum white — R.O. —			
	Heart nil			
	Lungs nil —			
	Q. M. S. 10/10/18			
NVS.	T. clear — P. 80 — feel better —			
	Q. M. S. and P. M. 1/18			
26.	Feels quite well — seen several times no compl. — P. 60.			
	A. M. S. 1/18			
Dec 29.	Admitted from Bernonadul Military Hospital commencing from Influenza. He was at that hospital from 28/10/18 — 29/10/18			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Short leave from Bernonadul

Station
and Date.

Lungs now clear. Heart negative

Dec 3. Lungs clear: running no temp:

Go duty

C. J. Paulson St _{Lawrence}

File - G. 232. Aquitania 25/19.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *328920* RANK *Qu.* NAME (IN FULL) *GAMBLE, E.* (BLOCK LETTERS SURNAME FIRST)

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>Br 64 Leaburg Sask</i>					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
					<i>15.00</i>	<i>1/19</i>	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					<i>Geo B Gamble</i>	<i>Father</i>	
					ADDRESS	<i>Leaburg Sask</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
						<i>REGINA, SASK.</i>	<i>FEB 1 1919</i>
						REASON	AUTHORITY
						<i>On Demob</i>	<i>Do not</i>
						IF ENTITLED TO POST DISCHARGE PAY	<i>Yes</i>

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO.	C.	NO.	DATE	NO.	DATE	NO.	DATE		NO.	C.			NO.	C.		NO.	C.	NO.	C.
			\$	C.																				
<i>3/19</i>																					<i>Captain</i>			
																					<i>For AS&T. DIRECTOR OF PAY SERVICES</i>			
																					<i>MILITARY DISTRICT No. 12</i>			
																					<i>714 K... 20/20</i>			
																					<i>11. 1/20 has 37. 1/23 x in 2021</i>			
																					<i>12. 0. 2/19</i>			
																					<i>189346- 15. 2. 19</i>			
																					<i>193196 15. 4. 19</i>			
																					<i>199857 15. 5. 19</i>			
																					<i>617536 15/19</i>			

BALANCE FROM PREVIOUS ACCOUNT

I certify that all payments due on this account have been completed,
[Signature] Capt.
 Paymaster War Service Gratuity
 Military District No. 12.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 673

1 Sep. 1916

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 328920
 Rank Dr Promoted Reverted Discharge
 Soldier's Name Ed. Gamble
 Battalion 60 Batty. 15 Bgde
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Jno. B. Gamble
 Address Lemberg. Sask.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31			240	240	
Jan	C 69882		15	15	9
Feb	F 98428		15	15	
March	A 138231		15	15	
April	G 15405		15	15	8
May	S 14547		15	15	
June	m 24962		15	15	
July	m 32351		15	15	6
Aug	m 40450		15	15	
Sept	T 43211		15	15	
Oct	u 51199		15	15	
Nov	n 59675		15	15	
Dec	V 68649		15	15	
Jan 19	T 70748		15	15	
			535		

66 33 16/16

M. F. W. 128
4009.-6-17-1772-39-141
L. L. 22320-M. & D. 1938.

m.D# 12. M.R.O.# 62397

m..... A/c Closed 31.1.19
 Ret'd per. Agustania
 Date 25.1.19 F.X. 3.1.19
 Clerk..... A.H. Bullock

CANADIAN
 ASSIGNED PAY AUDITED
 11 31 19
W.A. Moreland
 / UDIT CLERK
 DATE 28/5/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

121015

Change of Address

Battalion

01

1

Beneficiary

2

Relationship

Wife

3

Address

121015

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
7					